

USER CHARGE SELF MONITORING REPORT

NAME: Signmasters, Inc.
ADDRESS: 217 Brook Avenue, Passaic Park, NJ 07055
FACILITY LOCATION: SAME
NEW CUSTOMER ID / OUTLET ID: 26220028-1 OLD OUTLET DESIGNATION:


MONITORING PERIOD		
START		
6	01	08
MO	DAY	YR

END		
6	30	08
MO.	DAY	YR

VOL DISCHARGED THIS PERIOD
1,283 GALS
CU. FT X 7.48 = GALLONS
EFFLUENT METER READING LAST DAY THIS PERIOD

[illegible][illegible]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
	Mr. John Belnowski	7/7/08
	Super, Envir. Health & Safety	973-614-8300
		DATE

USER CHARGE SELF MONITORING REPORT

NAME: Signmasters, Inc.
ADDRESS: 217 Brook Avenue, Passaic Park, NJ 07055
FACILITY LOCATION: Same
NEW CUSTOMER ID / OUTLET ID: 26220028-2 OLD OUTLET DESIGNATION:

RT

RECEIVED

JUL 8 2008

07055

RECEIVED

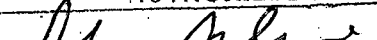
MONITORING PERIOD					
START			END		
6	01	08	6	30	08
MO	DAY	YR	MO	DAY	YR

VOL DISCHARGED THIS PERIOD
9629 8219 GALS
CU. FT X 7.48 = GALLONS
EFFLUENT METER READING LAST
DAY THIS PERIOD *see TABLE 1*

DATE	BOD	TSS
6/4/08	--	--
30	136	132

DATE	BOD	TSS
	1:064.500.++	
	1:055.700.--	
000		
	8:800.**+	
	132:377.++	
	131:540.--	
000		
	829.**+	
	8:800.++	
1		
	829.++	
002		
	9:629.**+	

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SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
	Mr. John Belnowski Supervisor, Environmental Health & Safety	973-614-8300
		DATE 7/7/68